

	Update your name and address below.
--	-------------------------------------

Intervention Continuum

We would like to know what programs are available for delinquents in your jurisdiction. For each program please tell us:

- whether the program is available; or
- if it isn't available, is it needed and/or planned; and
- if it is available, whether it meets demand (e.g., whether there is enough capacity to meet demand) and how effective it is.

PROGRAMS			If Not Available:				If Program is Available:					
			Is Program..				Does It Meet Demand?		How effective is it? (circle one)			
	Is It Available?						Yes ✓	No ✓	Not Very	Some- What	Very	Don't Know
	Yes ✓	No ✓	Needed		Planned							
Teen Courts/Peer Juries	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Citizen Hearing Panels	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Intake Conferences	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Family Group Conferencing	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Drug Court or other specialized court/docket	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Diversion Program	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Mediation (dispute resolution/victim-offender mediation)	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Restitution (monetary)	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Fines	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Fees	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Community Service	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Informal Probation Supervision	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
School-Based Probation	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Probation Supervision	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Intensive Probation Supervision	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
House Arrest	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Day/Evening Custody/Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Alternative School	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Probation Violation Sanction (stay in detention/secure unit)	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Outpatient Mental Health Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Group Home/Residential Treatment Facility	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Boot Camp/Experiential/Wilderness	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Inpatient Drug & Alcohol Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Inpatient Mental Health Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Aftercare Supervision	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Halfway house	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Other	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4

PROGRAM COMPONENTS (may be part of other programs)	If Not Available:						If Program is Available:					
	Is It Available?		Is Program...				Does It Meet Demand?		How effective is it? (circle one)			
			Needed... (circle one)		Planned (circle one)							
	Yes ✓	No ✓	Yes ✓	No ✓	Yes ✓	No ✓	Yes ✓	No ✓	Not Very	Some- What	Very	Don't Know
Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Drug/Alcohol Education	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Electronic Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Employment/Job Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Life/Social Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Victim Awareness	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Law-Related Education	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Anger Management	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Family Counseling	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Tutoring	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Remedial Education	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Crisis Intervention	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Independent Living Skills	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Other	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4

PROGRAMMING FOR SPECIAL POPULATIONS	If Not Available:						If Program is Available:					
	Is It Available?		Is Program...				Does It Meet Demand?		How effective is it? (circle one)			
			Needed..... Planned									
	Yes ✓	No ✓	Yes ✓	No ✓	Yes ✓	No ✓	Yes ✓	No ✓	Not Very	Some- What	Very	Don't Know
First-time Offenders	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Sex Offenders	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Gang Members	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Auto-Theft	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Shoplifters	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Arsonists	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Drug Sellers/Traffickers:	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Young Female Offenders	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Minority Populations	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Youth with Learning Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Youth with Mental Health Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Other	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4

Blueprints Programs

We would like to know what programs are available for delinquents in your jurisdiction. For each program please tell us:

- whether the program is available; or
- if it isn't available, is it needed and/or planned; and
- if it is available, whether it meets demand (e.g., whether there is enough capacity to meet demand) and how effective it is.

PROGRAMS	Is It Available?		If Not Available:				If Program is Available:					
			Is Program..				Does It Meet Demand?		How effective is it? (circle one)			
	Yes ✓	No ✓	Needed		Planned		Yes ✓	No ✓	Not Very	Some- What	Very	Don't Know
Midwestern Prevention Program (Adolescent drug abuse)	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Big Brothers Big Sisters	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Functional Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Quantum Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Multisystemic Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Nurse Home Visitation	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Treatment Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Bullying Prevention Program	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Paths (Promoting Alternative Thinking Strategies)	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
The Incredible Years (Parent, Teachers & Children's Training Series)	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Other	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4

Interagency Information Sharing

We want to know whether your court or department has policies or procedures that support information sharing. Tell us:

- whether they are available; or
- if they aren't available, are they needed and/or planned; and
- if they are available, do they meet demand and how effective are they.

	Is It Available?		If Not Available:				If Available:					
			Is it...				Does It Meet Demand?		How effective is it? (circle one)			
			Needed (circle one)		Planned (circle one)							
	Yes ✓	No ✓	Yes ✓	No ✓	Yes ✓	No ✓	Yes ✓	No ✓	Not Very	Some- What	Very	Don't Know
INTERAGENCY INFORMATION SHARING												
Policies, MOUs (Memorandum of Understanding)	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Procedures	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Automated system that supports information sharing between key agencies	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Multi-agency case staffing	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Regular interagency meetings	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Cross-training opportunities	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Other:	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Other:	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4

	Schools ✓	Police ✓	Prosecutor/District Attorney ✓	Mental Health Agency ✓	Residential Programs ✓
What agencies do you routinely share information with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____					

Screening and Assessment

We would like to know what screening and assessment instruments your jurisdiction uses to facilitate decision-making. For each item please tell us:

- whether the instrument/assessment is available; or
- if it isn't available, is it needed and/or planned; and
- if it is available, which decisions does it support?

SCREENING AND ASSESSMENT	Is It Available?		If Not Available, Is it:				If Available, which decisions does it support?				
	Yes ✓	No ✓	Needed (circle one)		Planned (circle one)		Diversion/ Referral ✓	Detention ✓	Petition ✓	Disposition ✓	Security or Supervision Level ✓
Formal Detention Criteria	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detention Screening instrument	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment instrument	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs Assessment Instrument	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug or Alcohol Screening instrument	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Assessment	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sentencing/Offense Severity Matrix	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Screening Instrument	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Assessment	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Assessment	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Skills/Vocational Assessment	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical/psychological assessment	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Education Plans (IEPs)	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Technical Assistance (TA) Needs

Very simply, TA is problem solving. We want to know what technical assistance needs you have around implementing JAIBG and what types of help will best meet those needs. For each area, please tell us:

- whether you need help in a particular area, and
- if so, what kind of assistance would meet your need.

This section also solicits your participation as a peer TA provider.

What type of technical assistance would meet this need?

	Need help in this area?	TA by phone	"How to" or "Best Practices" Monograph	Site Visits or Consultations	Training Workshop	Can be a Peer TA Provider?
Area of Concentration	Yes ✓	✓ All that Apply				Yes ✓
Planning and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing new program or other changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishing partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing and validating screening or assessment instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program evaluation or contract monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing/enhancing automation capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working within the rural community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you.